STATEMENT OF

RECEIVED 7

2013 IAN IS AM ..

FORM 1		ORGANIZATION					FECOMALLOGENTER		
NAME OF COMMITTEE (in	ı full)		Check if name changed)		xample:If typing, type ver the lines.	12FE4			
IFRA Nort	h Ame	riça F	olitical	Actic	n Committe	e ("Sce	ntPAC	")	
	الماليال	1 1 1 1		111					
ADDRESS (number and street)		1001 19th Street North							
(Check if address is changed)		Suite 1200							
		Arlington				VA	2220	<u>)9</u>	
				CITY		STATE		ZIP CODE	
COMMITTEE'S E-MAIL ADDRE (Check if address is changed)		-	provide only one			 	<u> </u>	<u> </u>	
		L					<u> </u>		
COMMITTEE'S WEE	PAGE ADI	DRESS (UF	RL)						
(Check if is change									
2. DATE		<u>"</u> 20	013.						
3. FEC IDENTIFIC	CATION N	JMBER	C						
4. IS THIS STATE	MENT 🔀	NEW	(N) O I	R [AMENDED (A)				
I certify that I have o	examined th	is Stateme	nt and to the	best of m	y knowledge and belie	f it is true, corr	ect and com	plete.	
Type or Print Name	of Treasure	Jane	e E. Wi	shne	ff		- <u></u>		
Signature of Treasure	er <u>(</u>	Jane	2. K	lish	neff	Date C	[]" [1:	2013	
NOTE: Submission of					subject the person signin			ities of 2 U.S.C. §437g.	
Office Use Only					For further information Federal Election Comm Toll Free 800-424-9530			C FORM 1 vised 02/2009)	